

**APPLICATION FOR OFF-DUTY ASSISTANCE**

(See Page 2 for Privacy Act Statement and  
Statement of Agreement/Understanding)

|  |        |   |  |                  |
|--|--------|---|--|------------------|
| 1. Last Name, First Name, MI   | 2. SSN | 3. Rate/Rank  | 4. Expiration date of enlistment (YYYYMMDD).   | 5. Years Service |
| 6. Institution (full address, including ZIP and School Code)   |        |   | 7. Upon completion of this course will you receive a degree?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| 8. Location of class. Place # in box: <input type="checkbox"/><br>1. On Base                      3. Distance Learning<br>2. Off Base  |        | 9. Your immediate educational goal. Place # in box: <input type="checkbox"/><br>1. HS Diploma              4. BS<br>2. VoTech                    5. MS                              7. Professional Degree<br>3. AA                          6. PHd |  |                  |
| 10. Eligibility to participate in VA Programs. Select One Only (Place # in box) <input type="checkbox"/><br>1. Vietnam Era                      3. Montgomery GI Bill<br>2. VEAP                              4. ETAP                              5. None |        |   |  |                  |

| 11. ENROLLMENT INFORMATION |     |              |              |      |     |   |      |       |     |               |          |            |         |    |    |           |    |    |
|----------------------------|-----|--------------|--------------|------|-----|---|------|-------|-----|---------------|----------|------------|---------|----|----|-----------|----|----|
| COURSE                     |     | COURSE TITLE | COURSE LEVEL |      |     |   | UNIT |       |     | TUITION COSTS |          | DATE       |         |    |    |           |    |    |
| DEPT.                      | NO. |              | HIGH SCHOOL  | CERT | DIV |   | GRAD | HOURS |     |               | PER UNIT | PER COURSE | STARTED |    |    | COMPLETED |    |    |
|                            |     |              |              |      | L   | U |      | #     | S/Q | CLK           |          |            | YR      | MO | DA | YR        | MO | DA |
|                            |     |              |              |      |     |   |      |       |     |               |          |            |         |    |    |           |    |    |
|                            |     |              |              |      |     |   |      |       |     |               |          |            |         |    |    |           |    |    |
|                            |     |              |              |      |     |   |      |       |     |               |          |            |         |    |    |           |    |    |
|                            |     |              |              |      |     |   |      |       |     |               |          |            |         |    |    |           |    |    |

12. I request tuition assistance (TA) in the amount authorized with the understanding that I will pay all additional costs (*additional tuition, fees, books, etc.*) incurred over and above the amount authorized. I understand that the USCG share will vary depending on the limits established in COMDTINST 1500.24, Coast Guard Tuition Assistance (TA) Program, Sec. 6. I have read, understand, and will comply with all the provisions on page 2 of this application. I will not request release from the U S Coast Guard for 12 months after completion of this course.

|                       |                         |      |
|-----------------------|-------------------------|------|
| APPLICANT'S SIGNATURE | WORK PHONE / FAX NUMBER | DATE |
|-----------------------|-------------------------|------|

**COMMAND CERTIFICATION**

13. I CERTIFY that the applicant is assigned to this activity and that his/her anticipated duties will allow for the completion of the course(s) listed in #11 above. I CERTIFY that this course is either career, rate (applicable to a degree) or mission related.

|                                  |      |
|----------------------------------|------|
| Signature of CO, ESO or Designee | Date |
|----------------------------------|------|

Print the following: CO, ESO or Designee's name, E-mail address, Phone and Fax numbers

14. COMMAND ADDRESS

### **PRIVACY ACT STATEMENT**

Under the authority of 5 USC 301, the personal data on page 1 of this form is requested in order to process your request for off-duty tuition assistance. Your social security number will be used for identification. The office responsible for processing tuition assistance forms will retain this information. It will not be divulged without your written authorization to anyone other than Coast Guard or school personnel involved with the administration of the off-duty tuition assistance program. You are not required to provide this information. However, failure to do so will result in your not being considered for tuition assistance.

### **STATEMENT OF AGREEMENT/UNDERSTANDING**

My signature under block 12 on page 1 of this application for tuition assistance indicates that I have read, understand, and will comply with each of the provisions listed below:

1. I will apply for Coast Guard off-duty assistance prior to the beginning of the course, if the course length is 18 weeks or less. Applications must be submitted to allow sufficient time for processing and for return by the approval authority prior to the date of registration. If the course for which tuition assistance is requested is longer than 18 weeks in length, the application must be made within 90 days of course completion.
2. I must pay any costs beyond the amount authorized. **Refer** to COMDTINST 1500.24, Coast Guard Tuition Assistance (TA) Program, Sec. 6. for **limits** on amounts authorized (share payable by the Coast Guard).
3. I will remain on active duty or in the selected reserve for 12 months after completion of this course. Civilian employees agree to remain employed with the federal government for one year after completion of the requested course(s).
4. I have not obligated the Coast Guard to pay for this course. If this request is not granted I realize that I am responsible for **all** costs associated with this course.
5. I will submit a grade report to the designated agency for the course(s) for which tuition assistance has been granted. Failure to do so will result in making me ineligible for future tuition assistance. If I receive an academic failing grade or withdraw from the course for which tuition assistance has been authorized, I will arrange with the approval authority to reimburse the Coast Guard in full.
6. I understand that Coast Guard tuition assistance cannot be authorized for any course for which I receive assistance in whole or in part under other provisions of law where the payment would constitute a duplication of benefits from the Federal Treasury. A similar limitation exists on educational assistance from the Veterans Administration. Therefore, I certify that I have neither received, nor will I request, Veterans Administration education benefits for the course(s) for which Coast Guard subsidy is requested.

### **FORM COMPLETION INSTRUCTIONS**

1. Block 6: All schools must have a School Code. Get the Institute School Code List from the ESO or USCG Institute homepage.
2. Block 11: Under "UNIT HOURS"
  - "#" equals number of hours
  - "S/Q" indicate (S) for semester and (Q) for quarter hours
  - "CLK" check the box, if measured in clock hours

**POLICY GUIDANCE FOR THE COAST GUARD'S OFF-DUTY TUITION ASSISTANCE (ODTA) PROGRAM IS CONTAINED IN COMDTINST 1500.24. REFER TO THIS INSTRUCTION FOR A FULL EXPLANATION OF THE POLICY AND PROCEDURES FOR OFF-DUTY TUITION ASSISTANCE.**